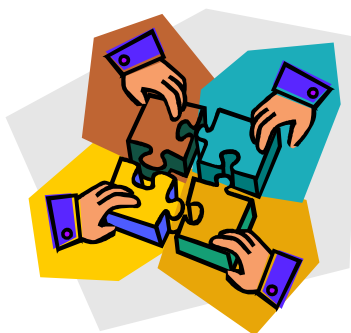




**City of Norfolk
Fiscal Year 2007
Emergency Shelter Grant (ESG)
Funding Application**



**Application Deadline
Friday, December 16, 2005
5:00 p.m.**

Office of Grants Management
810 Union Street
Suite 508
Norfolk, Virginia 23510
(757) 664-4080
grantsmgmtstaff@norfolk.gov

APPLICATION SUMMARY SHEET

This Application Packet is to be used by applicants applying for Emergency Shelter Grant (ESG) funds. You must submit a different application for each program (i.e. CDBG, HOME, and ESG) and one application should be submitted for each project (e.g. ***operating funds, acquisition, rehabilitation, demolition, and childcare and tutorial programs***).

A. Eligibility and Funding Range

Applicants must be either an (1) incorporated for profit, (2) a nonprofit, or (3) a public organization business able to undertake the approved activity (ies) within the boundaries of the City of Norfolk. To be considered for funding, applications must address one or more of the three Broad National Objectives; benefit persons of low and moderate incomes, aid in the prevention or elimination of slums or blight, or meet other community development needs of particular urgency.

B. Submission Documentation

The required application format is included. The following format must be used. **Do not change application format. If this format is not used, your proposal may be discarded.**

This application is designed to expand when typed into. Applicants are STRONGLY ENCOURAGED to be brief and very specific in their responses. Applications cannot exceed 25 typewritten pages. AN APPLICATION MUST BE SUBMITTED FOR EACH PROJECT. (A project may have several interrelated activities. In that case, one application is sufficient.) Six copies must be provided. Do not bind, staple, place in binders, or use tabs on applications. Paper or binder clips are acceptable.

C. Submission Deadline

All applications must be submitted by Friday, December 16, 2005, by 5:00 p.m. to the Office of Grants Management, 810 Union Street, Room 508, Norfolk, Virginia 23510. This requirement is firm as to place, date, and time.

Mailed applications should be posted in time to be received by the date and time at the location above. No faxed applications will be accepted. Please provide the name of a contact person, along with telephone number and address. If you have questions or require additional information, please contact the Norfolk Office of Grants Management at (757) 664-4080.

If special assistance for the handicapped is needed for application pick up, please call the Office of Grants Management, (757) 664-4080, TDD (757) 664-7322 at least three working days before the application deadline.

APPLICATION INSTRUCTIONS

AN APPLICATION MUST BE SUBMITTED FOR EACH PROJECT. (A project may have several interrelated activities. In that case, one application is sufficient.)

SECTION A – Application Cover Sheet: This summary sheet must be attached to your application.

SECTION B – National Objectives Requirements: In order for your application to be considered as benefiting low or moderate income persons, an activity must fall into one of the categories listed in this section.

SECTION C – Scope of Services: This section is designed to provide a complete description of project and the applicant's ability to successfully undertake the proposed project. All questions must be answered.

SECTION D – Budget Statements: This section is designed to provide a complete description of associated costs, and resources available for project(s) implementation. All requested data must be provided.

SECTION E – Statement of Applicant: This statement outlines key conditions relative to the submission of the application. It must be signed by a person with appropriate authority and attached to the application.

SECTION F – Required Attachments and Supportive Attachments: This section requires specific documents to be included with the application. Current letters of support are optional.

Make sure you have included all applicable data with your submission. Your application must be complete and correct as of the date of submission. Applications missing substantive items, or misrepresenting material facts, will be considered incomplete, and rejected.

ONLY SUBMIT SECTION'S A THROUGH F FOR OUR REVIEW.

Six copies of your application must be submitted.

FY2007 ESG FUNDING APPLICATION

For Internal Use: App. # _____

SECTION A. Application Cover Sheet

Please note: All other editions are obsolete. Do not change application format.
Separate applications must be submitted for each project.

Date: _____

Organization Name: _____

Project Name: _____

Project Address: _____

Exec Director Name: _____

Contact Email: _____

Address: _____

Telephone #: _____ Fax #: _____

Email Address: _____ Website (if applicable): _____

Employer (IRS) ID #:

Contact Name: _____ Title: _____

Contact Telephone #: _____ Fax #: _____

Contact Email: _____ Website (if applicable): _____

PROJECT FUNDING REQUEST

CD Funds Requested

\$

Funding Leveraged from other Sources

\$

SECTION B. National Objective Requirements

Please indicate which eligible activity categories the program falls under.

a. This project meets at least ONE of the HUD national objectives listed below (please check all applicable):

- ____ 1. Benefits low/moderate income individuals/households.
- ____ 2. Addresses the prevention or elimination of slums or blight.
- N/A 3. Meets a particularly urgent community development need.

b. Check all statements that describe HOW this project or activity meets one of the National Objectives above:

- ☐ **L/M Area Benefit:** The project serves only a limited area which is proven by 2000 census data or survey to be a low-income area. (Provide census tract number(s))
This project is located in _____ Census Tract(s).
- ☐ **L/M Limited Clientele:** The project benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M income persons.
Note: If choosing this category, you must provide income verification for clients or documentation showing services are provided to a presumed L/M group. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless persons, adults meeting census definition of severely disabled, illiterate adults, persons living with AIDS and migrant farm workers.
- ☐ **L/M Housing:** The project adds or improves permanent residential structures that will be occupied by L/M income households upon completion.
- ☐ **L/M Jobs:** The project creates or retains **permanent** jobs, at least 51% of which are taken by L/M income persons or considered to be available to L/M income persons.
- ☐ **Slum or Blighted Area:** The project is in a designated slum/blight area and the result of this project addresses one or more of the conditions that qualified the area.
- ☐ **Spot Blight:** The project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to extent necessary to eliminate conditions detrimental to public health and safety.

SECTION C. Scope of Services

PART 1 – Agency Narrative

Provide a brief, clear and concise description for each question or statement. **Answer on the first line under the question. Do not erase the question. Do not use a font smaller than 10 point. No attachments will be allowed, unless specifically indicated in each section.**

The application is designed to expand as you type; however, responses should be brief, clear and concise. The page numbers will automatically change.

a. Background:

1. Which of the following best describes your facility?

- ☐ Emergency Shelter
- ☐ Transitional Living Facility
- ☐ Other

2. Describe the purpose of the agency, as written in the Charter or mission statement.

3. Indicate the length of time the agency has been in operation, including the date of incorporation.

4. Describe the type of services currently being provided by the agency, including the number and characteristics of clients served.

5. List and briefly describe similar projects or past activities your organization has previously undertaken. Specify source of funds (i.e. federal, private or foundation grants, City of Norfolk funds, etc.)

6. What outcome did these activities have on the community served? Provide statistics including numbers served.

b. Qualifications:

1. Discuss the agency's ability to develop, implement and administer the proposed project.
2. Describe the agency's existing staff positions and qualifications, by name. *Ex. Mary Smith, Dir. list qualifications, year's with agency, etc.*

c. Financial:

1. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audits performed.
2. Describe financial oversight by the Board of Directors.
3. Is there a bookkeeping service or accountant?
4. Identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past five years.

SECTION C. Scope of Services Continued

PART 2 – Project Narrative

The U.S. Department of Housing and Urban Development in a September 3, 2003 Notice (CPD-03-09) stated that “By Program Year 2005, HUD anticipates that grantees will have implemented some form of a performance measurement system to reflect a way to gauge what constitutes success in each grantee’s jurisdiction”.

The City of Norfolk requires all applicants to use the “**Outcome and Performance Measurement Model**” in their application and future reporting.

Provide a brief, clear and concise description for each question or statement. **Answer on the first line under the question. Do not erase the question. Do not use a font smaller than 10 point. No attachments will be allowed, unless specifically indicated in each section.**

The application is designed to expand as you type, however, responses should be brief, clear and concise. The page numbers will automatically change.

a. **Needs Statement:**

1. Describe the need this project will address. Describe precisely what the ESG funds will be used for (i.e., new construction, repairs and maintenance, utilities, insurance, etc.) and Include the characteristics of the population to be served (i.e.; homeless, youth, seniors, handicapped, etc.) or the area to be benefited.

b. **Objective:**

1. Specify proposed goal to reduce extent of problems or needs and the outcome of your project, the end product (s). Indicate precisely what you intend to change through your project and what you consider proof of project success.

c. **Project Description:**

1. Describe the methods; work to be performed, activities to be undertaken, or the services to be provided and who will be providing those services. Be concise in stating the resources to be dedicated or utilized to meet proposed objectives. Describe how you will reach your target population.
2. Describe project location including street address and nearest cross streets, indicate days and hours of operation. You may also use census tract numbers, and geographical description.

Who are your primary clients (check the most appropriate box(es))

- ☐ Homeless men
- ☐ Homeless women
- ☐ Homeless families
- ☐ Runaway or abused youth
- ☐ Spousal abuse
- ☐ Persons with drug or alcohol problems
- ☐ Veterans
- ☐ Persons with physical disabilities
- ☐ Persons with emotional disabilities
- ☐ Other Specify: _____

3. Indicate the number of unduplicated City of Norfolk residents who will be clients (this means the number who are served i.e., the grant will allow 25 children to participate in preschool – not 25 children x 5 days x 52 weeks = 6,500) who will be served, and the number who are low/moderate income.

4. Describe procedures for documenting program participation including ethnic and income characteristics of participants. (Client participation records) HUD has now implemented 10 race categories, and a Hispanic ethnicity category; therefore **all** subrecipients must track this information.

5. Describe the relationship (collaboration) of the proposed activity to other services and community facilities addressing the same or similar problem. Discuss what agencies other than the applicant who will be involved with the project. If applicable, attach letters of intent from each participating agency specifying the agency's role and contribution to the project; letters must document either a financial or in-kind donation.

6. Is this project an on-going or multi-phased activity? If so, provide evidence by attaching proof of commitments for the project.

d. Evaluation

1. Describe the short and long term benefits that will result from the project. Discuss the impact the activity will have. Address how the participant, client, community will be different following the activity.

2. Describe the method for measuring outcome(s): You need to measure at least one outcome.

3. If your request is approved at a lesser amount, how will this impact your program if the project was partially funded? Indicate which are your highest priority items.

SECTION D. Budget

PART 1 - ESG Budget Form

Provide a summary of available resources and expenses related to the proposed project. In the next section, you will be asked to provide a detailed description of these figures. **This form maybe reproduced, place additional copies directly behind this page. Please round up to the nearest dollar.**

Column B must equal columns C through G

Cash Sources other than CDBG/ESG

(A) Expense Category	(B) Total Project Budget	(C) ESG Requested Amount	(E) Other Federal Funds	(F) State/ Local Funds	(G) Match Funds
SERVICES					
Salaries					
Fringe Benefits (Total)					
Child Care Services					
Job Placement					
Job Training					
OPERATIONS					
Office Supplies					
Program Supplies					
Rent / Lease (Building/Offices / Facility Use)					
Utilities					
Transportation (Program services for clients)					
Maintenance					
Insurance					
Bookkeeping					
Computers/Software					
Office Equipment					
Other (Specify)*					
PREVENTION					
Direct Client Services*					
Other:					
**					
TOTALS:	\$	\$	\$	\$	\$

*Specify on Budget Narrative Form -- Section E Part 2

** Liability insurance is required of all sub-recipients and may be paid from grant funds.

SECTION D. Budgets

Part 2 Budget Narrative Form

The budget narrative should give a detailed breakdown of your project and the resources available to it. It is important that your budget figures are consistent with the summary you provided in Part 1 Program Budget Form. Round **This form maybe reproduced, place additional copies directly behind this page. Please round up to the nearest dollar. Please refer to the application information packet for eligible and ineligible ESG activities**

Personnel Services: Staff/Salary Breakdown: Please show all staff positions and salaries necessary to provide ESG services. If multiple staff members have the same position/title, list separately, e.g. Counselor 1, Counselor 2. **If you are requesting funding for a position you must attach a current job description directly behind this page.**

Position Title	Is this a current or proposed position?	Annual Salary	Annual Fringe Benefits	Total Annual Salary	x	% Time Spent On CDBG Project	=	Total Position Cost Requested from CDBG
Example: Case Manager	Current	\$25,000	\$5,000	\$30,000	x	40%	=	\$12,000
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
TOTAL SALARY REQUEST:								

If needed, please use the lines below each category for explanations. No more than two lines each category.

Other services such as child care, transportation, job placement and job training

Types of Service	x	Average \$ cost	=	Total Program Cost \$	Requested This Proposal
	x		=		
	x		=		
	x		=		
TOTALS					

Ineligible Service Activities include: Existing services and staff (services must be new or expanded / provided to more people); salary of case management supervisor when not working directly on participant issues; advocacy, planning and organization capacity building; staff recruitment and staff training; and transportation costs not directly associated with service delivery.

Homeless Prevention

	Total Annual Cost \$	Requested This Proposal
TOTALS		

Ineligible Homeless Prevention costs include: Housing/ services to homeless persons, direct payments to individuals, long-term assistance beyond several months, and application for federal funds or un-programmed funds.

Operation

Administration of the Operation

	Total Annual Cost \$	Requested This Proposal
TOTALS		

Maintenance and Landscaping Expense (maintenance repairs)

	Total Annual Cost \$	Requested This Proposal
TOTALS		

Utilities Expenses (gas, electric, water, sewer, trash collection, etc.)

	# Months	x	Average \$ Cost	=	Total Project Cost	Requested This Proposal
TOTALS						

Office Rent / Lease Expense (building and/or facility – specify)

Service: (Specify)	# Months	x	Average \$ Cost	=	Total Project Cost	Requested This Proposal
TOTALS						

Insurance Expense

Specify the name of each insurance and bond.	Total Annual Cost \$	Requested This Proposal
TOTALS		

Equipment and Furnishings for the program

Specify the equipment	Total Annual Cost \$	Requested This Proposal
		Other (Specify)
TOTALS		

Transportation Expense (bus tokens, gas mileage for ESG Program)

	Total Annual Cost \$	Requested This Proposal
TOTALS		

Supplies

	Total Annual Cost \$	Requested This Proposal
TOTALS		

Ineligible Operation Activities include: Recruitment or ongoing training of staff; depreciation; costs associated with the organization rather than the supportive housing project; staff training, entertainment, conferences, or retreats; public relations on fund raising; bad debts/ late fees; and mortgage payments.

Total Program Budget divided by Number of Clients to be Served = Per Client Cost \$			
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SECTION D. Budgets Continued

PART 4 In-Kind and Leveraging Explanation Form

List the proposed leveraging sources for the upcoming fiscal year. Example, Source: Space rent donated is counted as an in-kind, 5 car washes @ \$500 each = Projected Value \$2,500 and is counted as cash. Please check the appropriate box for In-Kind or Cash. (Attach additional In-kind and Leveraging Explanation Forms if necessary directly behind this page)

Match, Donations, and Volunteers

Entity/Proposed Source	Type	Annual Project Value in \$	In-Kind	Cash
Example: CC School District	Space Rent	\$5,000	X	
TOTAL DOLLAR VALUE				

Volunteer Hours Calculation: Volunteer hours can be calculated at an hourly rate, and annual hours must be based on previous year's documented hours or on documented commitments for the fiscal year the application is submitted. Professional services may be calculated at the rate normally charged by the professional volunteer to for-profit entities, but this calculation must be accompanied by a signed affidavit from the volunteer stating his/her normal rate and the # of hours to be volunteered to this project for the application's fiscal year.

1) General Volunteers (Type & #)	Number of Annual Hours	x	Per Hour Rate	=	Total \$ Value
		x		=	
		x		=	
2). Professional Volunteers (specify)		x		=	
		x		=	
		x		=	
		x		=	

Explanation of above entries as needed:

SECTION D. Budgets Continued

Part 3 Program Priorities

Program Priorities

Due to the fact that funding requests typically exceed funding availability, please prioritize your line item budget request. This will enable the evaluators to make a fully informed decision, should your project not be recommended for full funding. **This is extremely important.**

Priority Ranking	Line Item Category	Amount
Priority #1		
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Priority #8		
Priority #9		
Priority #10		

Please explain how you arrived at your priority choices and the impact to the program budget.

SECTION D. Budgets Continued

Part 5 Continuum of Service

For 30 years, Community Development Grants Block Grant funds (CDBG) from the federal Department of Housing and Urban Development (HUD) have provided critical supports to low and moderate income neighborhoods in over 1000 communities. This program has been recognized as one of the largest, ongoing, predictable sources of funding to communities nationwide. It also realizes the importance of local decision making by giving the City of Norfolk's officials and citizens the ability to decide how the funds will best met their communities' needs.

Despite the success of this program, federal funding is threatened both here and throughout the country. Decreasing the federal funding allocation may result in decreased funding for the City of Norfolk.

Please describe the effect on your programs should your organization not receive ESG funding.

SECTION E. Statement of Applicant

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That this request maybe forwarded for consideration under other budget processes if it is determined that alternative sources may be appropriate.
3. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
4. That the City of Norfolk may request or require changes in the information submitted, and may substitute its own figures which it deems reasonable for any or all figures provided. That the applicant will participate in required interview for project assessment and cooperatively assist in the review process.
5. That, if the project(s) is recommended and approved by City Council, the City reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.
6. The City of Norfolk reserves the right not to fund any submittals received.
7. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
8. That, if the project(s) is funded, the organization agrees to abide by the City's locally established policies and guidelines
9. That past program and financial performance will be considered in reviewing this application.
10. That services are to be provided at no cost to citizens during the grant period. All program income (i.e. fees, repayments, foreclosures, etc.) must be remitted to the City.
11. That, if the project(s) is funded, the City or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
12. That, if project(s) is funded, the City will perform an environmental review prior to the obligation of funds.
13. That, if a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City.
14. That a project's funding does not guarantee its continuation in subsequent action plans.

15. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in Virginia, and in the aggregate naming the City, its employees and agents as additional insures) will be submitted to the City prior to receiving funds.
16. That proof of Fidelity Bonding, in an amount to be determined by the City of Norfolk, with a company licensed to do business in Virginia will be submitted to the City prior to receiving funds.
17. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
18. Agrees to abide by the City of Norfolk's Conflict of Interest policy. Items of concern would include staff members serving on the Board of Directors, staff members' families serving on the Board of Directors, and other matters that may give the appearance of a conflict of interest.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

By signature below, the applicant acknowledges the above in its name on this _____ day of _____, 2005.

Name of Organization

By:

(Signature)

(Title)

SECTION F. Required Documents and Optional Support Documents

Please attach to this sheet the following required support documents.

***Failure to provide these documents is grounds to reject this application.**

1. A copy of the organization's most recent Audit/Financial Statement and a current budget indicating projected revenue sources and expenditures.
2. A list of the Organization's Board of Directors which indicates their address, phone, neighborhood of residence, place of employment, and term of appointment.
3. Proof of incorporation.
4. Proof of tax exempt status, or effort to obtain same prior to receipt of funding.
5. Copy of the agency's most recent personnel policy, affirmative action plan and grievance procedures or a statement indicating that such plans are not in place.